

<i>SERFF Tracking Number:</i>	<i>PMGP-125901776</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>PMI Mortgage Insurance Co</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>017.08 PMI</i>		
<i>TOI:</i>	<i>06.0 Mortgage Guaranty</i>	<i>Sub-TOI:</i>	<i>06.0000 MG Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>017.08 PMI- Revision of PMI Application for Insurance and Instant Refinance Program Application</i>		
<i>Project Name/Number:</i>	<i>017.08 PMI - Revision of PMI Application for Insurance and Instant Refinance Program Application/017.08 PMI</i>		

## Filing at a Glance

Company: PMI Mortgage Insurance Co

Product Name: 017.08 PMI- Revision of PMI    SERFF Tr Num: PMGP-125901776 State: Arkansas

Application for Insurance and Instant Refinance  
Program Application

TOI: 06.0 Mortgage Guaranty

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 06.0000 MG Sub-TOI Combinations    Co Tr Num: 017.08 PMI

State Status: Fees verified and  
received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins

Author: Barbara Coronado

Disposition Date: 11/24/2008

Date Submitted: 11/24/2008

Disposition Status: Approved

Effective Date Requested (New): 12/29/2008

Effective Date (New): 12/29/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: 017.08 PMI - Revision of PMI Application for Insurance    Status of Filing in Domicile: Authorized  
and Instant Refinance Program Application

Project Number: 017.08 PMI

Domicile Status Comments: AZ no filing  
required state

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/24/2008

State Status Changed: 11/24/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Enclosed for filing with the Insurance Department are PMI Mortgage Insurance Co.'s ("PMI") revised application forms. Both the Application for Insurance and the Instant Refinance Program Application have been slightly revised to add new fields in order to gather more specific information and to remove fields for loan and plan types not needed or no longer eligible for insurance.

<i>SERFF Tracking Number:</i>	<i>PMGP-125901776</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>PMI Mortgage Insurance Co</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>017.08 PMI</i>		
<i>TOI:</i>	<i>06.0 Mortgage Guaranty</i>	<i>Sub-TOI:</i>	<i>06.0000 MG Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>017.08 PMI- Revision of PMI Application for Insurance and Instant Refinance Program Application</i>		
<i>Project Name/Number:</i>	<i>017.08 PMI - Revision of PMI Application for Insurance and Instant Refinance Program Application/017.08 PMI</i>		

For the Instant Refinance Program Application, which is used to apply for insurance for refinanced loans where PMI already insured the original loan, PMI has also revised the sections setting out submission instructions and required documentation.

In addition to the proposed forms, we are providing red-lined copies of the new forms showing all of the revisions made. The changes will appear very minor but allow PMI to capture all the pertinent details required to underwrite a mortgage loan for insurance.

The Application for Insurance supersedes and replaces the 11/06 edition of the same form number. The Instant Refinance (Streamlined) Program form supersedes and replaces the 12/02 edition of the same form number. The proposed effective date for the revised forms is December 29, 2008, or as soon thereafter as approved. Should you have any questions or need additional information, please contact me at 800-288-1970, extension 6211.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - PMIG01)

Barbara Coronado, Sr. Legal Services Assistant [barbara.coronado@pmigroup.com](mailto:barbara.coronado@pmigroup.com)

3003 Oak Road (800) 288-1970 [Phone]

Walnut Creek, CA 94597 (925) 658-6175[FAX]

### Filing Company Information

PMI Mortgage Insurance Co

CoCode: 27251

State of Domicile: Arizona

3003 Oak Road

Group Code: 1135

Company Type: Mortgage Guaranty

Walnut Creek, CA 94597

Group Name: The PMI Group, Inc. State ID Number:

(800) 288-1970 ext. [Phone]

FEIN Number: 94-2208266

-----

## Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation:

<i>SERFF Tracking Number:</i>	<i>PMGP-125901776</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>PMI Mortgage Insurance Co</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>017.08 PMI</i>		
<i>TOI:</i>	<i>06.0 Mortgage Guaranty</i>	<i>Sub-TOI:</i>	<i>06.0000 MG Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>017.08 PMI- Revision of PMI Application for Insurance and Instant Refinance Program Application</i>		
<i>Project Name/Number:</i>	<i>017.08 PMI - Revision of PMI Application for Insurance and Instant Refinance Program Application/017.08 PMI</i>		
<b>Per Company:</b>	<b>No</b>		

*SERFF Tracking Number:* PMGP-125901776 *State:* Arkansas  
*Filing Company:* PMI Mortgage Insurance Co *State Tracking Number:* EFT \$50  
*Company Tracking Number:* 017.08 PMI  
*TOI:* 06.0 Mortgage Guaranty *Sub-TOI:* 06.0000 MG Sub-TOI Combinations  
*Product Name:* 017.08 PMI- Revision of PMI Application for Insurance and Instant Refinance Program Application  
*Project Name/Number:* 017.08 PMI - Revision of PMI Application for Insurance and Instant Refinance Program Application/017.08 PMI

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
PMI Mortgage Insurance Co	\$50.00	11/24/2008	24113824

<i>SERFF Tracking Number:</i>	<i>PMGP-125901776</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>PMI Mortgage Insurance Co</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>017.08 PMI</i>		
<i>TOI:</i>	<i>06.0 Mortgage Guaranty</i>	<i>Sub-TOI:</i>	<i>06.0000 MG Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>017.08 PMI- Revision of PMI Application for Insurance and Instant Refinance Program Application</i>		
<i>Project Name/Number:</i>	<i>017.08 PMI - Revision of PMI Application for Insurance and Instant Refinance Program Application/017.08 PMI</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	11/24/2008	11/24/2008

<i>SERFF Tracking Number:</i>	<i>PMGP-125901776</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>PMI Mortgage Insurance Co</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>017.08 PMI</i>		
<i>TOI:</i>	<i>06.0 Mortgage Guaranty</i>	<i>Sub-TOI:</i>	<i>06.0000 MG Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>017.08 PMI- Revision of PMI Application for Insurance and Instant Refinance Program Application</i>		
<i>Project Name/Number:</i>	<i>017.08 PMI - Revision of PMI Application for Insurance and Instant Refinance Program Application/017.08 PMI</i>		

## Disposition

Disposition Date: 11/24/2008

Effective Date (New): 12/29/2008

Effective Date (Renewal):

- Effective Date (Renewal) changed from 12/29/2008 to by Rawlins, Llyweyia on 11/24/2008.

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PMGP-125901776</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>PMI Mortgage Insurance Co</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>017.08 PMI</i>		
<i>TOI:</i>	<i>06.0 Mortgage Guaranty</i>	<i>Sub-TOI:</i>	<i>06.0000 MG Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>017.08 PMI- Revision of PMI Application for Insurance and Instant Refinance Program Application</i>		
<i>Project Name/Number:</i>	<i>017.08 PMI - Revision of PMI Application for Insurance and Instant Refinance Program Application/017.08 PMI</i>		

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	Application for Insurance	Approved	Yes
<b>Form</b>	Instant Refinance Program Application	Approved	Yes
<b>Form</b>	Application for Insurance Side by Side Comparison	Approved	Yes
<b>Form</b>	Instant Refinance Program Application Side by Side Comparison	Approved	Yes

SERFF Tracking Number: PMGP-125901776 State: Arkansas

Filing Company: PMI Mortgage Insurance Co State Tracking Number: EFT \$50

Company Tracking Number: 017.08 PMI

TOI: 06.0 Mortgage Guaranty Sub-TOI: 06.0000 MG Sub-TOI Combinations

Product Name: 017.08 PMI- Revision of PMI Application for Insurance and Instant Refinance Program Application

Project Name/Number: 017.08 PMI - Revision of PMI Application for Insurance and Instant Refinance Program Application/017.08 PMI

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Application for Insurance	UW 2911 (12/08)	(12/08)	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 UW 2911 (11/06) Previous Filing #: 025.06 PMI		pmiapp2911_1208.pdf
Approved	Instant Refinance Program Application	UW 2700 (12/08)	(12/08)	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 UW 2700 (12/02) Previous Filing #: 008.02 PMI		pmirefi2700_1208.pdf
Approved	Application for Insurance Side by Side Comparison	UW 2911	11/06 vs 12/08	Application/ New Binder/Enrollment		0.00	Legal Filing_ComparisonApp_UW2911_1208.pdf
Approved	Instant Refinance Program Application Side by Side Comparison	UW 2700	12/02 vs 12/08	Application/ New Binder/Enrollment		0.00	pmirefi2700_1208_Compare.pdf





## PMI Application for Insurance

<b>PMI Master Policy #:</b> _____ <b>Company Name:</b> _____ _____ <b>Borrower Name(s):</b> _____ _____	<b>CONTACT INFORMATION:</b>  Name: _____  Phone#: ( _____ ) _____  Fax#: ( _____ ) _____  Email address: _____
<b>MI APPLICATION:</b> <input type="checkbox"/> Standard/Full <input type="checkbox"/> Quick Application <input type="checkbox"/> PDQ®/Delegated <input type="checkbox"/> Pre-Qualification - Standard/Full <input type="checkbox"/> Pre-Qualification - Quick App  <b>Complete the following for all loans:</b> Third-Party Originated: <input type="checkbox"/> Yes <input type="checkbox"/> No Correspondent/Originator/Broker: _____  Investor: _____ Registration #: _____  <b>AUTOMATED UNDERWRITING DECISION:</b> Fannie Mae Desktop Underwriter® (eligible) <input type="checkbox"/> Approve <input type="checkbox"/> Refer <input type="checkbox"/> Expanded Approval Level _____  Freddie Mac Loan Prospector® (eligible) Risk Class: <input type="checkbox"/> Accept <input type="checkbox"/> Caution <input type="checkbox"/> A-Minus  <b>LOAN PROGRAM INFORMATION:</b> Full Doc: <input type="checkbox"/> Standard <input type="checkbox"/> DU® <input type="checkbox"/> LP Program Name: _____ Customer Product Code: _____ Relocation Loan: <input type="checkbox"/> Yes <input type="checkbox"/> No Streamlined Refinance: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>LOAN PROGRAM INFORMATION (CONT.):</b> Loan Type: <input type="checkbox"/> Fixed <input type="checkbox"/> ARM <input type="checkbox"/> Other Amortization Type: <input type="checkbox"/> Full (Positive) Amortization <input type="checkbox"/> Interest Only  Balloon Amortization Term: _____ mos. Temporary Buydowns: <input type="checkbox"/> 1-0% <input type="checkbox"/> 2-1% <input type="checkbox"/> 3-2-1% <input type="checkbox"/> Other  Frequency of Buydown Adjustments: _____ mos. 3/2 Down Payment Option: <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Complete the following if an ARM:</b> Index Value: _____ Margin: _____ ARM 1st/Next Interest Rate Adj: _____ / _____ mos. ARM 1st/Next Interest Rate Cap: _____ / _____ %  <b>MORTGAGE INSURANCE COVERAGE:</b> <input type="checkbox"/> Borrower-Paid MI <input type="checkbox"/> Lender-Paid MI MI Coverage: _____ % Renewal Type: <input type="checkbox"/> Constant <input type="checkbox"/> Amortizing Premium Financed: <input type="checkbox"/> Yes <input type="checkbox"/> No Base Loan Amount: \$ _____  <b>Premium Plan:</b> <input type="checkbox"/> pmiNU MONTHLY <sup>SM</sup> <input type="checkbox"/> Super Single <sup>SM</sup> - Refundable <input type="checkbox"/> MONTHLY <input type="checkbox"/> Super Single <sup>SM</sup> - Non Refundable <input type="checkbox"/> Level Annual
<b>ADDITIONAL INFORMATION FOR PMI PARTNER DELIVERED QUALITY® DELEGATED SUBMISSIONS</b>	
Borrower(s) Representative FICO: Borrower:    #1        #2        #3        #4        #5 _____  Overall Loan Rep FICO: _____  Nontraditional Credit Used to Qualify: <input type="checkbox"/> Yes <input type="checkbox"/> No Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Property County: _____  Manufactured Housing Chasis-Type? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Housing Expense: (If subject property is 2nd home/investment) \$ _____  Subject Property Gross Rent: (If 2-4 unit or investment property) \$ _____  (Please use codes on page 2.) Borrower #1: Gender _____ Ethnicity _____ Race _____ Borrower #2: Gender _____ Ethnicity _____ Race _____
Customer represents that all the information provided in this application is correct and complete and conforms to applicable PMI program requirements in effect at the time of application. Any person who, with intent to defraud, or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be subject to criminal or civil penalties. (A fraudulent insurance act is a crime in the District of Columbia, Kentucky and New Mexico.) (In Maine, criminal penalties may include imprisonment, fines, or denial of insurance benefits.)	
SIGNATURE OF AUTHORIZED REPRESENTATIVE/TITLE _____ DATE SIGNED _____	



## PMI Application for Insurance

### REQUIRED DOCUMENTATION:

#### For PDQ®/Delegated App:

1. Fully completed PM Application for Insurance, signed and dated by an authorized representative of the Master Policyholder
2. Uniform Underwriting and Transmittal Summary  
(*Fannie Mae 1008/Freddie Mac 1077*)

#### For Quick App:

1. Fully completed PMI Application for Insurance, signed and dated by an authorized representative of the Master Policyholder
2. Uniform Residential Loan Application  
(*Fannie Mae 1003/Freddie Mac 65*)
3. Uniform Underwriting and Transmittal Summary  
(*Fannie Mae 1008/Freddie Mac 1077*)
4. Residential Mortgage Credit Report (RMCR) or tri-merged report (*additional credit requirements may be applicable based on DU®/LP findings*)
5. Residential Appraisal Report (*additional appraisal requirements may be applicable based on DU/LP findings*)
6. Fannie Mae DU Findings/Freddie Mac LP Feedback (*if DU/LP approved*)

#### For Standard/Full Submissions:

1. Fully completed PMI Application for Insurance, signed and dated by an authorized representative of the Master Policyholder
2. Uniform Residential Loan Application  
(*Fannie Mae 1003/Freddie Mac 65*)
3. Uniform Underwriting and Transmittal Summary  
(*Fannie Mae 1008/Freddie Mac 1077*)
4. Residential Mortgage Credit Report (RMCR) or tri-merged report (*additional credit requirements may be applicable based on DU/LP findings*)
5. Residential Appraisal Report (*additional appraisal requirements may be applicable based on DU/LP findings*)
6. Sales Contract
7. Verification of Employment, if applicable
8. Verification of Income, if applicable
9. Verification of cash needed to close plus reserves, if applicable
10. Loan payment history, if not included in credit report (*for refinance and seasoned loans*)
11. Fannie Mae DU Findings/Freddie Mac LP Feedback (*if DU/LP approved*)

### INFORMATION FOR GOVERNMENT MONITORING PURPOSES/CODES:

- Gender:**
- 1 Male
  - 2 Female
  - 3 Info not provided
  - 4 Not applicable
  - 5 No co-applicant

- Ethnicity:**
- 1 Hispanic or Latino
  - 2 Not Hispanic or Latino
  - 3 Info not provided
  - 4 Not applicable
  - 5 No co-applicant

- Race:**
- 1 American Indian or Alaskan Native
  - 2 Asian
  - 3 Black or African American
  - 4 Native Hawaiian or other Pacific Islander
  - 5 White
  - 6 Info not provided
  - 7 Not applicable
  - 8 No co-applicant

### FAX TO A PMI REGIONAL OPERATIONS CENTER

#### For MI Only:

Dallas, TX 866.649.9634  
Downers Grove, IL 888.444.9792

#### For Contract or Contract with MI:

Dallas, TX 800.735.7856  
Downers Grove, IL 800.578.4764

PMI's applications for insurance are available on our Web site at [www.pmi-us.com](http://www.pmi-us.com).



## Instant Refinance (Streamlined) Program

The Instant Refinance (Streamlined) Program is for those loans that are currently insured by PMI.  
Refer to PMI's web site at [www.pmi-us.com](http://www.pmi-us.com) for program requirements.

PMI Master Policy #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

### Fax to a PMI Regional Operations Center:

Dallas, TX 866.649.9634  
Downers Grove, IL 888.444.9792

### CONTACT INFORMATION:

Name: \_\_\_\_\_

Phone#: (\_\_\_\_) \_\_\_\_\_

Fax#: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Current PMI Certificate#: \_\_\_\_\_

Customer Loan#: \_\_\_\_\_

BORROWER NAME(S): \_\_\_\_\_

SUBJECT PROPERTY ADDRESS: \_\_\_\_\_

### Provide the terms of the refinance that apply:

#### Loan Terms:

Loan Amount: \$ \_\_\_\_\_

Premium Financed: \$ \_\_\_\_\_

Total Loan Amount: \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_%

Loan Type: ☐ Fixed ☐ ARM ☐ Other

Subordinate Financing: \$ \_\_\_\_\_

Loan Term: \_\_\_\_\_ months

Amortization Term: \_\_\_\_\_ months

#### Adjustable Rate/Adjustable Payment Data

Initial Payment Rate: \_\_\_\_\_%

ARM 1st/Next Interest Rate Adj. \_\_\_\_\_ / \_\_\_\_\_ months

ARM 1st/Next Interest Rate Cap: \_\_\_\_\_ / \_\_\_\_\_%

#### Temporary Buydown Information:

☐ 1-0% ☐ 2-1%

☐ 3-2-1% ☐ Other \_\_\_\_\_

Frequency of Buydown Adjustments: \_\_\_\_\_ months

### MORTGAGE INSURANCE COVERAGE:

Coverage: \_\_\_\_\_%

Renewal Type: ☐ Constant ☐ Amortizing

Premium Financed: ☐ Yes ☐ No

#### Payment Plan:

☐ pmiNU MONTHLY<sup>SM</sup> ☐ MONTHLY

☐ Super Single<sup>SM</sup> - Refundable ☐ Level Annual

☐ Super Single<sup>SM</sup> - Non Refundable

Customer represents that all the information provided in this application is correct and complete and conforms to applicable PMI program requirements in effect at the time of application. Any person who, with intent to defraud, or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be subject to criminal or civil penalties. (A fraudulent insurance act is a crime in the District of Columbia, Kentucky and New Mexico.) (In Maine, criminal penalties may include imprisonment, fines, or denial of insurance benefits.)

SIGNATURE OF CUSTOMER'S AUTHORIZED REPRESENTATIVE, TITLE

DATE



## Instant Refinance (Streamlined) Program

PMI will consider insuring the new loan without implementing the Distressed Markets Policy or other underwriting guideline changes, if the loan being refinanced is currently insured with PMI and the refinance improves the borrower's and PMI's position. The loan must be submitted to the Regional Operations Center (ROC) for review and approval if current guidelines are not met.

### **REQUIRED DOCUMENTATION:**

- PMI Application for Insurance
- Residential Loan Application and Transmittal Summary with income and assets disclosed in the original loan file.
- A minimum 12-month payment history
- The original appraised value must be provided. The lender is warranting that the property value has not declined since the appraisal date.

### **FAX TO A PMI REGIONAL OPERATIONS CENTER**

Dallas, TX	866.649.9634
Downers Grove, IL	888.444.9792



## PMI Application for Insurance

<b>PMI Master Policy #:</b> _____ <b>Company Name:</b> _____ _____ <b>Borrower Name(s):</b> _____ _____	<b>CONTACT INFORMATION:</b> Name: _____ Phone#: (____) _____ Fax#: (____) _____ Email address: _____ <b>Borrower Name(s):</b> _____ _____
<b>MI APPLICATION:</b> <input type="checkbox"/> Standard/Full <input type="checkbox"/> Quick Application <input type="checkbox"/> PDQ®/Delegated <input type="checkbox"/> Pre-Qualification - <u>Standard/Full</u> <input type="checkbox"/> <del>Contract Underwriting</del> <input type="checkbox"/> <del>Pre-Qualification - Quick App</del> <b>Complete the following for all loans:</b> Third-Party Originated: <input type="checkbox"/> Yes <input type="checkbox"/> No Correspondent/Originator/Broker: _____ Investor: _____ Registration #: _____ <b>AUTOMATED UNDERWRITING DECISION:</b> Fannie Mae Desktop Underwriter® (eligible) <input type="checkbox"/> Approve <input type="checkbox"/> Refer <input type="checkbox"/> Expanded Approval Level _____ Freddie Mac Loan Prospector® (eligible) Risk Class: <input type="checkbox"/> Accept <input type="checkbox"/> Caution <input type="checkbox"/> A-Minus <b>LOAN PROGRAM INFORMATION:</b> Full Doc: <input type="checkbox"/> Standard <input type="checkbox"/> DU®/LP/Approved AUS <del>Limited Doc:</del> <input type="checkbox"/> <del>Stated Income/Stated Assets</del> <input type="checkbox"/> <del>Stated Income/Verified Assets</del> <input type="checkbox"/> <del>Verified Income/Stated Assets</del> <input type="checkbox"/> <del>No Income/Verified Assets</del> <input type="checkbox"/> <del>No Income/No Assets</del> <input type="checkbox"/> <del>No Ratio</del> <input type="checkbox"/> <del>No Doc</del> Program Name: _____ Customer Product Code: _____ Relocation Loan: <input type="checkbox"/> Yes <input type="checkbox"/> No Streamlined Refinance: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>LOAN PROGRAM INFORMATION (CONT.):</b> 3/2 Down Payment Option: <input type="checkbox"/> Yes <input type="checkbox"/> No Balloon Amortization Term: _____ mos. Temporary Buydowns: <input type="checkbox"/> 1-0% <input type="checkbox"/> 2-1% <input type="checkbox"/> 3-2-1% <input type="checkbox"/> Other Frequency of Buydown Adjustments: _____ mos. Amortization Type: <input type="checkbox"/> <del>Potential Negative Amortization</del> <input type="checkbox"/> Full (Positive) Amortization <input type="checkbox"/> Interest Only <input type="checkbox"/> <del>Option Payment</del> Loan Type: <input type="checkbox"/> Fixed <input type="checkbox"/> ARM <input type="checkbox"/> Other <b>Complete the following if an ARM:</b> Index Value: _____ Margin: _____ ARM 1st/Next Interest Rate Adj: _____ / _____ mos. ARM 1st/Next Interest Rate Cap: _____ / _____ % <b>MORTGAGE INSURANCE COVERAGE:</b> <input type="checkbox"/> Borrower-Paid MI <input type="checkbox"/> Lender-Paid MI MI Coverage: _____ % Renewal Type: <input type="checkbox"/> Constant <input type="checkbox"/> Amortizing Premium Financed: <input type="checkbox"/> Yes <input type="checkbox"/> No Base Loan Amount: \$ _____ <b>Premium Plan:</b> <input type="checkbox"/> pmiNU MONTHLY <sup>SM</sup> <input type="checkbox"/> MONTHLY <input type="checkbox"/> <del>Standard Annual</del> <input type="checkbox"/> Level Annual <input type="checkbox"/> Super Single <sup>SM</sup> - <u>Refundable</u> <input type="checkbox"/> <del>Split Premium: Option #</del> _____ <input type="checkbox"/> <u>Super Single<sup>SM</sup> - Non Refundable</u>
<b>ADDITIONAL INFORMATION FOR PMI PARTNER DELIVERED QUALITY® DELEGATED SUBMISSIONS</b>	
Borrower(s) Representative FICO: Borrower:    #1      #2      #3      #4      #5 _____ Overall Loan Rep FICO: _____ Nontraditional Credit Used to Qualify: <input type="checkbox"/> Yes <input type="checkbox"/> No Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Property County: _____ Manufactured Housing? <input type="checkbox"/> Yes ( <del>if yes, check type</del> ) <input type="checkbox"/> <del>No</del> <input type="checkbox"/> <del>Chassis Type</del> <input type="checkbox"/> <del>Modular</del> <input type="checkbox"/> <del>Panelized/ProFab</del>	Current Housing Expense: (If subject property is 2nd home/investment) \$ _____ Subject Property Gross Rent: (If 2-4 unit or investment property) \$ _____ (Please use codes on page 2.) Borrower #1: Gender _____ Ethnicity _____ Race _____ Borrower #2: Gender _____ Ethnicity _____ Race _____
Customer represents that all the information provided in this application is correct and complete and conforms to applicable PMI program requirements in effect at the time of application. Any person who, with intent to defraud, or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be subject to criminal or civil penalties. (A fraudulent insurance act is a crime in the District of Columbia, Kentucky and New Mexico.) (In Maine, criminal penalties may include imprisonment, fines, or denial of insurance benefits.)	
SIGNATURE OF AUTHORIZED REPRESENTATIVE/TITLE _____ DATE SIGNED _____	



## PMI Application for Insurance

### REQUIRED DOCUMENTATION:

#### For PDQ®/Delegated App:

1. Fully completed PM Application for Insurance, signed and dated by an authorized representative of the Master Policyholder
2. Uniform Underwriting and Transmittal Summary  
(Fannie Mae 1008/Freddie Mac 1077)

#### For Quick App:

1. Fully completed PMI Application for Insurance, signed and dated by an authorized representative of the Master Policyholder
2. Uniform Residential Loan Application  
(Fannie Mae 1003/Freddie Mac 65)
3. Uniform Underwriting and Transmittal Summary  
(Fannie Mae 1008/Freddie Mac 1077)
4. Residential Mortgage Credit Report (RMCR) or tri-merged report (additional credit requirements may be applicable based on DU®/LP findings)
5. Residential Appraisal Report (additional appraisal requirements may be applicable based on DU/LP findings)
6. Fannie Mae DU Findings/Freddie Mac LP Feedback (if DU/LP approved)

#### For Standard/Full Submissions:

1. Fully completed PMI Application for Insurance, signed and dated by an authorized representative of the Master Policyholder
2. Uniform Residential Loan Application  
(Fannie Mae 1003/Freddie Mac 65)
3. Uniform Underwriting and Transmittal Summary  
(Fannie Mae 1008/Freddie Mac 1077)
4. Residential Mortgage Credit Report (RMCR) or tri-merged report (additional credit requirements may be applicable based on DU/LP findings)
5. Residential Appraisal Report (additional appraisal requirements may be applicable based on DU/LP findings)
6. Sales Contract
7. Verification of Employment, if applicable
8. Verification of Income, if applicable
9. Verification of cash needed to close plus reserves, if applicable
10. Loan payment history, if not included in credit report (for refinance and seasoned loans)
11. Fannie Mae DU Findings/Freddie Mac LP Feedback (if DU/LP approved)

### INFORMATION FOR GOVERNMENT MONITORING PURPOSES/CODES:

- Gender:**
- 1 Male
  - 2 Female
  - 3 Info not provided
  - 4 Not applicable
  - 5 No co-applicant
- Ethnicity:**
- 1 Hispanic or Latino
  - 2 Not Hispanic or Latino
  - 3 Info not provided
  - 4 Not applicable
  - 5 No co-applicant
- Race:**
- 1 American Indian or Alaskan Native
  - 2 Asian
  - 3 Black or African American
  - 4 Native Hawaiian or other Pacific Islander
  - 5 White
  - 6 Info not provided
  - 7 Not applicable
  - 8 No co-applicant

### FAX TO A PMI REGIONAL OPERATIONS CENTER

#### For MI Only:

Dallas, TX	866.649.9634
Downers Grove, IL	888.444.9792
<del>King of Prussia, PA</del>	<del>800.788.9890</del>
<del>Tampa, FL</del>	<del>800.374.4764</del>

#### For Contract or Contract with MI:

<u>Dallas, TX</u>	<u>800.735.7856</u>
<u>Downers Grove, IL</u>	<u>800.578.4764</u>

PMI's applications for insurance are available on our Web site at [www.pmi-us.com](http://www.pmi-us.com).

~~For preprinted applications, contact your PMI Sales Representative.~~



## Instant Refinance (Streamlined) Program

The Instant Refinance (Streamlined) Program is for those loans that are currently insured by PMI.

Refer to PMI's web site at [www.pmi-us.com](http://www.pmi-us.com) for program requirements.

~~PMI will agree to the refinance of the loan referenced below if the lender certifies that the refinance meets the requirements as listed on page two of this form. If certification is not possible, please contact your local PMI underwriting office for assistance.~~

PMI Master Policy # ~~Customer ID#~~: \_\_\_\_\_

Company ~~PMI Customer~~ Name: \_\_\_\_\_

Company ~~PMI Customer~~ Address: \_\_\_\_\_

~~Fax to PMI at 800.xxx.xxxx~~

Fax to a PMI Regional Operations Center:

Dallas, TX 866.649.9634

Downers Grove, IL 888.444.9792

CONTACT INFORMATION:

Name: \_\_\_\_\_

Phone#: (\_\_\_\_) \_\_\_\_\_

Fax#: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Current PMI Certificate#: \_\_\_\_\_

Customer Loan#: \_\_\_\_\_

BORROWER NAME(S): \_\_\_\_\_

SUBJECT PROPERTY ADDRESS: \_\_\_\_\_

### Provide the terms of the refinance that apply:

#### Loan Terms:

Loan Amount<sup>1</sup>: \$ \_\_\_\_\_

Premium Financed: \$ \_\_\_\_\_

Total Loan Amount: \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_%

Loan Type: ☐ Fixed ☐ ARM ☐ Other

Subordinate Financing: \$ \_\_\_\_\_

Loan Term: \_\_\_\_\_ months

Amortization Term: \_\_\_\_\_ months

#### Adjustable Rate/Adjustable Payment Data

Initial Payment Rate: \_\_\_\_\_%

ARM 1st/Next Interest Rate Adj. \_\_\_\_\_ / \_\_\_\_\_ months

ARM 1st/Next Interest Rate Cap: \_\_\_\_\_ / \_\_\_\_\_%

~~Negative Amortization:~~ ☐ ~~None~~ ☐ ~~Potential~~

#### Temporary Buydown Information:

☐ 1-0% ☐ 2-1%

☐ 3-2-1% ☐ Other \_\_\_\_\_

Frequency of Buydown Adjustments: \_\_\_\_\_ months

<sup>1</sup> ~~If negative amortization has occurred, the premium will be calculated on the higher LTV to assure that there is no change in PMI's risk exposure. If the loan amount has increased, PMI may request additional documentation.~~

### MORTGAGE INSURANCE COVERAGE:

Coverage: \_\_\_\_\_%

Renewal Type: ☐ Constant ☐ Amortizing

Premium Financed: ☐ Yes ☐ No

### Payment Plan:

☐ pmiNU MONTHLY<sup>SM</sup>

☐ MONTHLY

☐ ~~Standard Annual~~

☐ Level Annual

☐ Super Single<sup>SM</sup> - Refundable

☐ Super Single<sup>SM</sup> - Non Refundable

☐ Single Premium: ☐ 3-yrs ☐ 5-yrs ☐ 7-yrs

Customer represents that all the information provided in this application ~~PMI Instant Refinance Program form~~ is correct and complete and conforms to applicable PMI program requirements in effect at the time of application. Any person who, with intent to defraud, or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be subject to criminal or civil penalties. (A fraudulent insurance act is a crime in the District of Columbia, Kentucky and New Mexico.) (In Maine, criminal penalties may include imprisonment, fines, or denial of insurance benefits.)

SIGNATURE OF CUSTOMER'S AUTHORIZED REPRESENTATIVE, TITLE

DATE



## Instant Refinance (Streamlined) Program

PMI will consider insuring the new loan without implementing the Distressed Markets Policy or other underwriting guideline changes, if the loan being refinanced is currently insured with PMI and the refinance improves the borrower's and PMI's position. The loan must be submitted to the Regional Operations Center (ROC) for review and approval if current guidelines are not met.

### **REQUIRED DOCUMENTATION:**

- PMI Application for Insurance
- Residential Loan Application and Transmittal Summary with income and assets disclosed in the original loan file.
- A minimum 12-month payment history
- The original appraised value must be provided. The lender is warranting that the property value has not declined since the appraisal date.

### **FAX TO A PMI REGIONAL OPERATIONS CENTER**

<u>Dallas, TX</u>	<u>866.649.9634</u>
<u>Downers Grove, IL</u>	<u>888.444.9792</u>

~~PMI will provide a new Commitment and Certificate of Insurance. If a change in the premium plan is required within the initial year, a full premium charge will be assessed based on the new initial premium rate for that plan. After the initial premium year, if the refinance results in a change in the premium plan, renewal premiums will be based on the new premium plan.~~

~~If the requirements stated below are met, simply submit a completed copy of PMI's Instant Refinance Program form to your local PMI Underwriting Office. If the requirements are not met, a new underwriting package is required.~~

### **PMI Instant Refinance Program Requirements**

- ~~The loan being refinanced is currently insured by PMI.~~
- ~~The loan is not being assumed by a new borrower(s).~~
- ~~A new Note and Deed of Trust or Mortgage will be executed.~~
- ~~The monthly mortgage loan payments are current.~~
- ~~The mortgage insurance premium on the PMI referenced loan is current and is in full force.~~
- ~~With the exception of reasonable and customary loan fees, no "new money" is being advanced.~~
- ~~If junior lien(s) will be subordinated to the new first Deed of Trust or Mortgage, the combined loan to value ratio will not exceed 97%.~~

### **Where to Submit your PMI Instant Refinance Program Request**

- ~~Your local PMI Underwriting Office~~

~~If you have any questions regarding PMI's Instant Refinance Program, or any other PMI program, please contact your local PMI sales or underwriting representative.~~



<i>SERFF Tracking Number:</i>	<i>PMGP-125901776</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>PMI Mortgage Insurance Co</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>017.08 PMI</i>		
<i>TOI:</i>	<i>06.0 Mortgage Guaranty</i>	<i>Sub-TOI:</i>	<i>06.0000 MG Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>017.08 PMI- Revision of PMI Application for Insurance and Instant Refinance Program Application</i>		
<i>Project Name/Number:</i>	<i>017.08 PMI - Revision of PMI Application for Insurance and Instant Refinance Program Application/017.08 PMI</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number:	PMGP-125901776	State:	Arkansas
Filing Company:	PMI Mortgage Insurance Co	State Tracking Number:	EFT \$50
Company Tracking Number:	017.08 PMI		
TOI:	06.0 Mortgage Guaranty	Sub-TOI:	06.0000 MG Sub-TOI Combinations
Product Name:	017.08 PMI- Revision of PMI Application for Insurance and Instant Refinance Program Application		
Project Name/Number:	017.08 PMI - Revision of PMI Application for Insurance and Instant Refinance Program Application/017.08 PMI		

## Supporting Document Schedules

		<b>Review Status:</b>	
<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	Approved	11/24/2008

**Comments:**

**Attachment:**

NAIC Forms1.pdf

## Property &amp; Casualty Transmittal Document


Reset Form

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>					<b>Group NAIC #</b>
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	
PMI Mortgage Insurance Co.	Arizona	27251	94-2208266		

<b>5. Company Tracking Number</b>	017.08 PMI
-----------------------------------	------------

## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Madge Bagala 3003 Oak Road, Walnut Creek, CA 94597	Director, Legal Operations	800-288-1970, ext. 6211	925-658-6175	madge.bagala@pmigroup.com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>		Madge Bagala		

## Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	06.0 Mortgage Guaranty
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	06.0001 Fixed Rate MG
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	n/a
<b>12. Company Program Title (Marketing title)</b>	Revision to Application for Insurance & Instant Refinance Prg App
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 12/29/2008   Renewal:
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	n/a
<b>17. Reference Organization # &amp; Title</b>	n/a
<b>18. Company's Date of Filing</b>	11/25/2008
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # 017.08 PMI

21. **Filing Description** [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Enclosed for filing with the Insurance Department are PMI Mortgage Insurance Co.'s ("PMI") revised application forms. Both the Application for Insurance and the Instant Refinance Program Application have been slightly revised to add new fields in order to gather more specific information and to remove fields for loan and plan types not needed or no longer eligible for insurance.

For the Instant Refinance Program Application, which is used to apply for insurance for refinanced loans where PMI already insured the original loan, PMI has also revised the sections setting out submission instructions and required documentation.

In addition to the proposed forms, we are providing red-lined copies of the new forms showing all of the revisions made. The changes will appear very minor but allow PMI to capture all the pertinent details required to underwrite a mortgage loan for insurance.

The Application for Insurance supersedes and replaces the 11/06 edition of the same form number. The Instant Refinance (Streamlined) Program form supersedes and replaces the 12/02 edition of the same form number. The proposed effective date for the revised forms is December 29, 2008, or as soon thereafter as approved. Should you have any questions or need additional information, please contact me at 800-288-1970, extension 6211.

[View Complete Filing Description](#)

22. **Filing Fees** (Filer must provide check # and fee amount if applicable)  
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:   
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	017.08 PMI			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	n/a			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Application for Insurance	UW 2911 (12/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	UW 2911 (11/06)	
02	Instant Refinance Program Application	UW 2700 (12/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	UW 2700 (12/02)	
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1